

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2071

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 5967		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Weston Township				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Weston			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Evelyn		b. (Middle) Ford		c. (Last) Bosch	
						4. DATE OF DEATH (Month) (Day) (Year) 1-18-50	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1-25-87	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (State or foreign country) Platte Co. Missouri		12. CITIZEN OF WHAT COUNTRY? United States	
13a. FATHER'S NAME Pleasant Ford		13b. MOTHER'S MAIDEN NAME Nancy Johnson		14. NAME OF HUSBAND OR WIFE William Bosch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME William Bosch--Weston, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Uterus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION none				INTERVAL BETWEEN ONSET AND DEATH 8 mo 194X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 30 4:50 PM, to Jan. 18, 1950, that I last saw the deceased alive on Jan. 17, 1950, and that death occurred at 8:20 m., from the causes and on the date stated above.							
23a. SIGNATURE D. O. J.				23b. ADDRESS Weston, Mo.		23c. DATE SIGNED 1-19-50	
24a. BURIAL, CREMATION, REMOVAL		24b. DATE 1-20-50		24c. NAME OF CEMETERY OR CREMATORY Graceland Cem.		24d. LOCATION (City, town, or county) (State) Weston, Platte Mo.	
DATE REC'D BY LOCAL REG. 1-19-50		REGISTRAR'S SIGNATURE Ophelia Rollins		25. FUNERAL DIRECTOR'S SIGNATURE Vaughan Funeral Home		ADDRESS Weston, Mo.	

(Licensed Embalmer's Statement (on Reverse Side))

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 31
District Health Officer No. 8,
District File Number _____
Date Filed 2-1-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. R. Vaughn

Licensed Embalmer No.

4023

P. O. Address

Winston, Ms.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.